



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

CIGNA Behavioral Health, Inc.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	4,272	4272
PR	2011	0	0	3,608	0	4,447	3,753	0	0	4,447	0	0	4,555	20810
PR	2012	0	0	4,778	0	0	4,871	0	0	4,988	0			14637
ME	2009	0	0	0	0	0	0	0	0	0	0	0	105,571	105571
ME	2010	0	0	0	0	0	0	0	0	0	0	0	94,090	94090
ME	2011	92,045	91,133	88,406	87,708	86,168	84,380	83,830	82,321	81,869	82,035	71,133	69,615	1,000,643
ME	2012	67,085	65,808	64,656	64,841	64,372	63,649	63,960	63,422	63,618	63,530			644,941
PV	2011	3,138	1,280	9,926	2,125	2,170	2,057	1,809	1,888	1,940	2,597	1,981	2,712	33,623
PV	2012	1,919	2,592	3,008	3,428	3,793	4,071	4,353	4,656	4,964	5,305			38,089
MC	2008	1,016	2,398	3,790	5,073	4,562	4,819	4,785	4,694	4,725	4,588	4,008	4,677	49,135
MC	2009	4,057	3,496	3,647	3,828	3,331	3,681	3,514	3,227	3,421	3,081	2,856	3,012	41,151
MC	2010	2,968	1,898	2,038	2,010	1,877	2,112	1,778	1,920	1,562	1,491	1,316	1,438	22,408
MC	2011	1,757	1,088	1,904	1,854	1,991	1,824	1,544	1,736	1,394	1,395	1,424	1,676	19,587
MC	2012	1,577	1,297	1,466	1,658	1,562	1,394	1,728	1,788	1,596	1,816			15,882
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and/or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.







